**Investigator: Associate Professor Janet Bray, Monash University**

**KIDS SAVE LIVES Program: A Pilot Evaluation of the Call, Push, Shock CPR training (ID 35754).**

I, ……………………………… *[print name]*, Principal/Director of ………………………………………………………………… *[school/site name]* give consent for my school/site to participate in the project named above.

In giving my consent I acknowledge that:

1. the procedures required for the project and the time involved for my school/site participation in the project have been explained to me, and any questions I have about the project have been answered to my satisfaction.
2. I have read the Information Letter about the project and understand what is involved;
3. participation is voluntary and I am free to withdraw my school/site from the project at any time without explanation;
4. the project is for the purpose of research and not for profit;
5. my school/site anonymity is preserved and the school/site will not be identified in publications or otherwise without my express written consent;
6. I understand that I can request a summary of the findings after the research has been completed.

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| Name of school/site:  Signature of Principal/Director:  Please PRINT name:  Date: |
| * Please complete this form and return to me by email [aussiekslprogram@gmail.com](mailto:aussiekslprogram@gmail.com) by [enter date] |